

Division of Emergency Medical Services REGISTRATION FORM FOR EMT-CARDIAC WRITTEN EXAMINATION

Audi 3 Ca	torium - Lower Level pitol Hill	uilding		
9:00	A.M.			
All m	naterials and payment (if applica	ble) must be rece	eived one week prior to	exam.
(La	st) (First)		(Middle)	
	Zip Code:			
	Home Phone:			
		•	•	
, to b	e received by the Division of EM	IS by the deadline	e date:	
	Registration Form			
	Initial written examination fee (90.00) if applicat	ole; or	
	Retest written examination fee	(\$ 60.00) if applica	ble	
	(Fees must be submitted in the form of a cashier's check or money order made payable to the General Treasurer, State of R.I Personal checks cannot be accepted			
	Copy of a signed, current Healthcare Provider level CPR card, both front and back sides.			
	Copy of a RIDOH approved EM	T-C Refresher ce	rtificate (if applicable)	
	Audi 3 Ca Prov 9:00 All m (La Caracteristics)	Auditorium - Lower Level 3 Capitol Hill Providence, RI 02908 9:00 A.M. All materials and payment (if applica (Last) (First) Information must be completed. On this information will not be accept to be received by the Division of EM Registration Form Initial written examination fee (\$ Retest written examination fee (\$ Reses must be submitted in the form of General Treasurer, State of R.I Personal Copy of a signed, current Health back sides.	3 Capitol Hill Providence, RI 02908 9:00 A.M. All materials and payment (if applicable) must be rece (Last) Zip Code: Home Phone: Home Phone: nformation must be completed. Only one affiliation this information will not be accepted. If you are unit, to be received by the Division of EMS by the deadlined Registration Form Initial written examination fee (\$90.00) if applicate Retest written examination fee (\$60.00) if applicate (Fees must be submitted in the form of a cashier's check or General Treasurer, State of R.I Personal checks cannot Copy of a signed, current Healthcare Provider level back sides.	Auditorium - Lower Level 3 Capitol Hill Providence, RI 02908 9:00 A.M. All materials and payment (if applicable) must be received one week prior to (Last) (First) (Middle) Zip Code: Home Phone: Home Phone: Registration will not be accepted. If you are unaffiliated, please write, to be received by the Division of EMS by the deadline date: Registration Form Initial written examination fee (\$90.00) if applicable; or Retest written examination fee (\$60.00) if applicable (Fees must be submitted in the form of a cashier's check or money order made payable General Treasurer, State of R.I Personal checks cannot be accepted Copy of a signed, current Healthcare Provider level CPR card, both from back sides.

Failure to complete this registration and submit copies of a current Healthcare Provider level CPR card and fees (if applicable) by the deadline date above will result in a denial of admission to the examination site. Registration is limited to this allocated time only and will be on a first come-first served basis. Examination session will be closed when enrollment levels are reached.

Please bring a picture identification card to the examination. **Fees are non-refundable and non-transferable.** Mail registration materials and payment (if applicable) to:

RI Department of Health - EMS 3 Capitol Hill Providence, RI 02908

NOTE: This is the EMT-Cardiac exam registration form only. If you have not already done so, you must **also** submit a complete application for EMT-Cardiac licensure.